



HOME MEDICAL EQUIPMENT SERVICE PROVIDER INSPECTION REPORT

State Form 52591 (2-06)

INDIANA BOARD OF PHARMACY

Name of business			Date (month, day, year)
Address (number and street, city, state, and ZIP code)			
Telephone number ()	Tax identification number	Permit number	Accredited <input type="checkbox"/> Yes <input type="checkbox"/> No

BUSINESS TYPE - PHARMACY		
<input type="checkbox"/> Pharmacy <input type="checkbox"/> HME sales / rentals (TIN) (inspection only) <input type="checkbox"/> Offsite (same TIN) (inspection only) <input type="checkbox"/> Offsite (own TIN) (license & inspection) <input type="checkbox"/> Out of state pharmacy, HME in Indiana (license & inspection) <input type="checkbox"/> Specialty pharmacy (closed door) (inspection only)	<input type="checkbox"/> Hospitals <input type="checkbox"/> Free standing HME with pharmacy (inspection only) <input type="checkbox"/> Free standing HME no pharmacy (license & inspection) <input type="checkbox"/> Physicians <input type="checkbox"/> Sales / rentals to patients (license & inspection) (excluding Medicare & Medicaid) <i>Note: Physicians cannot sell / rent HME to Medicare & Medicaid patients.</i>	<input type="checkbox"/> Corporate HME sales & rentals <input type="checkbox"/> Indiana branch(es) (license & inspection) <input type="checkbox"/> Indiana branch(es) with pharmacy <input type="checkbox"/> HME stores (stand alone) <input type="checkbox"/> Sales & rentals (license & inspection) <i>If multiple locations, each store will have a license & inspection.</i> <input type="checkbox"/> Rehab company (license & inspection)

LICENSURE INSPECTION CHECKLIST						
Accredited	Non-Accredited			Compliant	Non-compliant	NA
V	V	Policy and procedure manual				
V	V	Personnel policies				
V	V	Maintenance policies				
V	V	Quality assurance policies				
V	V	Vehicle policies				
V	V	Privacy notice posted				
F	F	Insurance certificate				
F	F	Proof of accreditation (where applicable)				
V	V	Physical plant				
F	F	FDA license in date and posted where needed				
F	F	Medicare standards being given out (where applicable)				
V	V	Hours of operation posted				
V	F	OSHA 300 form posted				
V	V	Federal regulations sign current and posted				
F	F	Pharmacy license current and posted where needed				
V	V	Records of in-services				
V	V	Review skilled patient file				
V	V	Review regular patient file				
F	F	Medicare number (where applicable)				
F	F	Medicaid number (where applicable)				
F	F	Copy of HME law and regulations				
F	F	Retail merchant's license				
F	F	Weights and measures certificate where needed				
V	V	Temperature monitoring in place				
		Refrigerator				
		Warehouse				
V	V	Complaint procedure				
V	V	After hours service procedure				
V	V	Personnel files				
F	F	Proper individual licenses current				
F	F	Records of evaluations and competencies				
F	F	CDL licenses where necessary				
F	F	Verification of non-exclusion by OIG				
V	V	Appropriate HIPAA precautions in place				
F	F	Any records concerning litigation, pending or resolved				
F	F	Ownership documentation				

Comments				
Signature of owner, pharmacist or employee and title		Date (month, day, year)	Signature of inspector	Date (month, day, year)